

Best Available Copy

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3	/						53						
4		3					54						
5		3					55						
6		3					56						
7	/						57						
8	/						58						
9	/						59						
10		3					60						
11	/						61						
12	/						62						
13	/						63						
14		3					64						
15		3					65						
16		3					66						
17	/						67						
18	/						68						
19	/						69						
20		①					70						
21							71						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	12	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	22	↓		↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	34						TOTAL CLAIMS						